Brighter Futures for Careleavers

A Consultation on Outcomes and Aftercare for Young People Leaving Care in Ireland

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Acknowledgements

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Researcher Team

**Jo Dixon** is a research fellow in the Department of Social Policy and Social Work. She has been carrying out research involving young people in care and leaving care since joining the University of York in 2000. Jo was involved in the design and oversight of the consultation and carried out focus groups with aftercare workers.

**Jade Ward** is an experienced young people’s participation and research worker at the Department of Social Policy and Social Work. Her work focuses on empowering care-experienced young people to have their voices heard through participation activities such as forums, consultation and research. Jade was responsible for consulting with young people from Ireland via focus groups and workshops. Jade worked with local in-care and care leaver groups to interpret the emerging findings and generate key messages and recommendations.

**Mike Stein** is emeritus professor within the Department of Social Policy and Social Work and has been leading research on young people leaving care and vulnerable teenagers for the past three decades. His work has had an impact on research, policy and practice nationally and internationally.
Chapter 1

Introduction and context

1.1 The report

The data and key messages in this report are drawn from a small consultation exercise carried out during August 2017 with care-experienced young people and aftercare workers in Ireland. The consultation aimed to gather experiences of leaving care, outcomes and aftercare support from the perspectives of these key stakeholders. It also aimed to explore scope for developing an aftercare framework to support outcomes and services provision.

The consultation was commissioned by Focus Ireland and was carried out with the support of a steering group, comprising representatives from Focus Ireland, Don Bosco, EPIC, Crossacre and The Child and Family Agency (Tusla). The consultation was subject to ethics approval from Tusla and was undertaken with the support of Tusla’s National Research Office, which facilitated access to staff and service users to enable participation in the consultation exercise.

Data were gathered from 29 young people and five aftercare workers. Findings from the consultation provide some insight into the key challenges facing these young people, the strengths and the gaps in service provision and the ways in which positive progress and outcomes can be facilitated, recorded and monitored.

The consultation took place during a time of significant legislative change affecting aftercare services, support and policy in Ireland. The Child Care (Amendment) Act 2015, enacted in 2017, included provision to strengthen the legislative base for aftercare services and increase the coherence and quality of support. It is envisaged that this consultation, in providing an opportunity to hear the voices of young people and aftercare workers, will contribute to the wider consultation and information process for the National Aftercare Policy carried out by Tusla across Ireland in 2017. It is anticipated that the messages from this report will feed into the development of systems to improve services and in turn, improve outcomes and experiences for young people leaving care.

Limitations of the consultation exercise and report

It is important to note that this work comprised a small consultation exercise with 34 participants (young people from three areas and aftercare workers in one area). Data were gathered from young people and aftercare workers and from a brief review of...
relevant literature and policy. It was subject to a first level thematic analysis only, in order to elicit overarching themes on leaving care outcomes and aftercare support. Given the small number of participants and the sole focus of the activity to draw upon stakeholder views, this work does not constitute a research study nor a full review of existing policy and practice or of changes to the current legislation. Instead the report aims to record the views of participants and draw out some key messages based on their experience of aftercare in Ireland.

As the consultation took place during a time of change to the legislative landscape for aftercare, it is likely that the impact of new policies had not yet fully filtered into the experiences of the care leavers and aftercare workers who participated in focus groups. The messages arising from this consultation, therefore, might be considered to echo the need for the new legislation rather than reflect its impact. It is hoped that these messages can contribute to the future development of Focus Ireland’s aftercare work and provide useful messages for other agencies working with young people in and leaving care, including the ongoing work of Tusla to improve aftercare support through the implementation of the provisions of the Child Care (Amendment) Act 2015 and National Aftercare Policy.

1.2 Background and rationale for the consultation

International research and practice evidence shows that for some young people leaving care, the transition to independent adulthood can prove challenging and outcomes can be poor in comparison to their non-care peers (Dixon and Stein, 2005, Stein and Munro 2008, Maycock et al 2014, Dixon et al 2015, Mendes and Snow 2016, Dixon and Ward 2017). Studies have highlighted the over-representation of care leavers in marginalised and vulnerable adult populations including those who are homeless, unemployed, in prison and experiencing mental health difficulties (Pecora et al 2003, Courtney et al 2007, Maycock et al 2007 and 2014, Centrepoint 2010, Berlin et al 2010, Reeve and Batty 2011, Ministry of Justice 2012, Stein 2012 and 2014). In addition, the availability and quality of aftercare support can be variable across and within local areas (Biehal et al 1995, Dixon et al 2006, Carr 2014, Moran et al 2016, Maycock and Parker 2017). For example, in their study of youth homelessness in Ireland, which identified a strong association between care experience and homelessness, Maycock et al (2014) found that:

“Despite recent improvements in aftercare provision, many young people currently leaving care in Ireland do not receive the ongoing supports required to make a successful transition to independent living.” (Page 190)

1 Note: Whilst the consultation offered an opportunity to hear directly from a small group of young people and aftercare workers, the views of which echo some messages from existing research in Ireland and internationally, it does not claim to be representative of the wider aftercare experience in Ireland.

2 See National Aftercare Policy for Alternative Care: http://www.tusla.ie/uploads/content/4248-TUSLA_National_Policy_for_Aftercare_v2.pdf
They note that:

... at the point of leaving care, a majority appeared not to have access to the kinds of supports that would help to ensure a successful transition to independence. Indeed, exits from care were often unplanned and these young people frequently left the care system with only limited knowledge of available support services and without aftercare support.’ (Page 179)

These research studies, meanwhile, indicate that positive progress and improved outcomes for care-experienced young people depend on good substitute care (including placement stability, doing well at school and leaving care later) and importantly, access to effective, targeted and consistent support after care to meet the ongoing needs of young people on their journey from care to adulthood (Stein 2012). Furthermore, research has shown that good aftercare support that helps young people to find stable and suitable post care accommodation, can lead to positive outcomes in other life areas. Wade and Dixon (2006) found that good post-care accommodation can compensate for earlier difficulties in care and can facilitate good outcomes in education and employment participation and an increased sense of life satisfaction and mental wellbeing. More recent research by Maycock and Parker (2017) found that those young people who had successfully exited homelessness into stable housing had received positive support from ‘aftercare services [that] provided important supports to young people both ahead of exiting the care system and subsequent to making that transition’ (Maycock and Parker 2017b, page 9).

There has been recognition in research and policy that the provision of effective post care support for young people leaving care cannot be achieved by aftercare services in isolation from wider services and agencies. The concept of corporate parenting, which promotes cross-agency and multi-agency working to meet the needs of care-experienced young people, extends to ongoing support after care. Most evident within recent guidance in Scotland,3 (which gives corporate parenting statutory status) and through the Care Leaver Strategy and Care leaver Covenant in England,4 corporate parenting assumes a commitment on behalf of central government and local agencies, including housing, physical and mental health services, education and employment providers and benefits and welfare agencies to ensure that their own policies and practices are developed and delivered in the best interests of children in care and young people leaving care (Dixon et al 2015, Access all Areas).5 This cross-agency approach is clearly reflected in Tusla’s National Aftercare Policy, which states that a comprehensive aftercare service ‘relies on cooperation and partnership with other key stakeholders, including the HSE, the Department of Social Protection, the Department of Education, SUSI, voluntary groups, community groups, the Department of Environment, the Department of Children and Youth Affairs etc.’ (Tusla 2017, page 2). The provision of a co-ordinated response from a strong corporate parenting body can provide a more holistic and effective aftercare service to improve outcomes across the many areas of young people’s lives.

5 See https://secure.toolkitfiles.co.uk/clients/23786/sitedata/files/Access_ALL_Areas_Complete.pdf
Importantly, the development of an effective aftercare service also relies on identifying and monitoring key outcome indicators for young people in and leaving care and understanding the factors that can impede and improve these outcomes. There has been a lack of attention to identifying, measuring and monitoring relevant outcome data in the UK and in Ireland to date (Carr 2014, Kerr forthcoming 2018). Work being carried out in England by Social Finance UK involves the development of a leaving care outcomes framework tool that aims to assist local authorities in gathering meaningful and real time data on outcomes for care leavers across a number of life areas. The aim is to use this data to inform the development of effective service support and thereby improve outcomes for a greater number of young people in and leaving care.

The Social Finance outcomes framework

The Social Finance outcomes framework is being developed by Social Finance UK in collaboration with Dr Mark Kerr (Director of Outcomes of Care and lecturer in social policy at the University of Kent) and a steering group comprising care leavers and leading care policy, practice and research experts. The work, which began in 2015, identified a need for a robust and relevant means of capturing data to measure progress and outcomes for young people leaving care and making use of that data not only to track individual progress but to collate the information to inform wider service development.

The framework, which identifies key outcome domains and indicators, is firmly based on an extensive review of the research and available practice evidence on the outcomes experienced by care leavers. It draws on national and international literature to identify protective factors and those that pose a risk to positive outcomes. Utilising the logic of Maslow’s hierarchy of needs, the framework encompasses a wide range of outcomes for young people and encourages the adoption of best practice as a minimum standard. In addition, the framework adopts a strengths-based approach to focus on young people’s progress and achievements rather than problems.

The framework identifies ‘foundational outcomes’ such as accommodation, health and wellbeing and relationships. These are considered fundamental to sustaining positive progress in other outcome areas such as employment, education and training.

Six key evidenced based domains are identified as forming the main areas of the framework (see Figure 2.), however, the framework includes three additional factors, which appeared anecdotally important but for which there was a lack of research and practice evidence. These were early parenthood, social inclusion and life skills, and inclusion (disabilities).

A number of indicators against which to score progress are identified within each domain. It is envisaged that indicators in the framework will be aligned with statutory guidance (for example the Children and Social Work Act 2017 in England). Scores are calculated per domain and for the framework overall (See Figure 1 for an example of health and wellbeing domain, indicators and scoring).
The outcomes framework has been tested with a small number of local authorities in England and is currently in its second pilot phase with a new cohort of local authorities. An accompanying guide has been produced for organisations working with care leavers and wishing to use the outcomes framework. Anonymised data is being gathered by Social Finance UK from the pilot local authorities and will be collated to inform the further development of the model. It is anticipated that with further development, the framework tool will help to improve service response and thereby improve outcomes for care-experienced young people.

Figure 1 – Social Finance outcomes framework: health and wellbeing domain

### HEALTH AND WELLBEING (1 OF 2)

**Outcome:** Young people have good physical, emotional and mental health.

The indicators in this domain establish the prevalence of physical, mental and emotional health needs and enable practitioners to understand whether these health needs are being identified and treated. Indicators are in line with current NHS health guidance and annual checks. The core metric of this domain requires the young person to self-complete the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).

**Score range:** Min: 0 Max: 9

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Questions to capture</th>
<th>Data source</th>
<th>Response</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>HW1</td>
<td>Does the young person have a WEMWBS score of 41 or more? Young person is to self-report on this metric without the presence of a professional.</td>
<td></td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>HW2</td>
<td>Is the young person of a clinically healthy weight? A clinically healthy weight is indicated by a BMI within the range of 18.5 and 24.9.</td>
<td>Pathway Plan</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>HW3</td>
<td>Have individual health needs been identified? This includes physical, mental and emotional health.</td>
<td>Pathway Plan</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>HW4</td>
<td>Has the young person had a full health check by a GP in the last 12 months? This includes physical, mental and emotional health.</td>
<td>OC3 data</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>HW5</td>
<td>Is the young person receiving appropriate support and/or treatment for a diagnosed physical, mental or emotional health need?</td>
<td>LAC Nurse if under 18 or GP if over 18</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Appropriately support from a mental and physical health professional for a diagnosed need must be judged on a case by case basis and depends on the individual needs and if the subsequent treatment is timely and appropriate. Skip metric if young person has completed a full health assessment within the last 12 months and no physical, mental or emotional health need was diagnosed.</td>
<td></td>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>HW6</td>
<td>Does the young person smoke? This answer has been reverse scored.</td>
<td></td>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NON-DAILY</td>
<td>0</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>DAILY</td>
<td>0</td>
</tr>
</tbody>
</table>

The consultation

Focus Ireland commissioned leaving care researchers from the University of York to undertake a brief consultation exercise to explore the views of care-experienced young people and aftercare workers on leaving care outcomes in Ireland. The aim of the consultation was to inform Focus Ireland’s ongoing work to develop a framework for monitoring the impact of aftercare support on outcomes for young people leaving care. Focus Ireland is undertaking further exploration into the support systems currently available, with a focus on housing and employment outcomes under the new legislation enacted in Ireland during the course of the consultation.
The remit of the consultation involved gathering views on and experiences of leaving care in Ireland and to explore whether the Social Finance outcomes framework might prove relevant and meaningful model for monitoring outcomes within the Irish leaving care context. Young people were also asked to define what a positive transition from care might look like and how it might be achieved. Aftercare workers were asked for their views on the main outcome areas in which they support young people.

This consultation exercise involved hearing directly from care-experienced young people across Ireland. Four focus groups were held with different groups of young people in and from care (n=29) to explore their experiences of leaving care and aftercare support and their views on what constitutes good outcomes (e.g. what are the priority areas and how can services help young people to make a positive transition from state care?).

Focus groups were held in three Irish locations and all but one were co-facilitated by a care-experienced young person from the local area working alongside the experienced research and participation worker. This peer research approach enabled positive rapport and communication during the focus groups and provided the care-experienced facilitator with the opportunity to further develop their consultation skills.

A focus group with aftercare workers (n=5) explored their views on current issues for care leavers and aftercare workers in Ireland. Workers were also asked to consider the Social Finance outcomes framework and to discuss whether it was applicable to the Irish aftercare context and what data would be needed to use the framework.

Feedback gathered from the focus groups was subject to a first level thematic analysis to draw out the key issues. As this was an initial scoping consultation only, detailed data collection and analysis was not appropriate or possible.

A final workshop to gather feedback and key messages was held with a small group of care leavers who had participated in the earlier focus groups (n=3). The purpose of this workshop was to gather feedback on the findings and issues emerging from the consultations; to test out the relevance of the findings to their own experiences; explore their interpretation of the findings; and to work together to draw out some of key messages and suggest recommendations for what might be needed to continue areas of positive progress and to improve those areas in which there were gaps.

The results of the consultation exercise are outlined in this report to Focus Ireland and will be communicated to the steering group via a presentation or workshop. The messages will also be fed back to a young person's workshop in early 2018 to gather their interpretation and test out relevancy.

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6 The peer research approach was not used for the Area 3 Focus Group, due to the younger age-range of the participants.
1.3 Care and aftercare in Ireland

In 2014, the Child and Family Agency, Tusla, became the state agency responsible for improving the lives of children. Its remit under the Child and Family Agency Act 2013 include: to support and promote the welfare and protection of children and the effective functioning of families; offer care and protection for children whose parents are not able to care for them; develop and oversee services and multi-agency approaches to providing support to children and families; ensure that children receive the support they need to participate in education; and ensure the best interests of the child guides decision making and that policies and service development are shaped through consultation with children and families. This sits alongside the Department of Children and Youth Affairs’ six year strategy for supporting all children on their journeys to adulthood, Better Outcomes Brighter Futures (BOBF), which sets out a cross-departmental policy framework that identifies five priority outcome areas necessary for positive futures:

In Care

There is a statutory responsibility to provide substitute care for children under the Child Care Act 1991, the Children Act 2001 and the Child Care (Amendment) Act (2007).

Around 6,200 children are in care in Ireland. The majority (91%) were in either unrelated foster care (63%) or relative foster care (28 %) in 2016.\(^7\) This is higher than in neighbouring countries including England (74%)\(^8\) and Scotland (63%).\(^9\) Residential care in group homes accommodates around 5% of children in care in Ireland, mirroring the

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\(^7\) See Tusla Performance and Activity Data 2017 [https://www.tusla.ie/data-figures/](https://www.tusla.ie/data-figures/)


pattern in the UK. Research suggests that children in care in Ireland remain in care for longer periods (average 5–7 years), for example in 2013 38% of children had been in care for five or more years (Department of Health, 2014; Gilligan, 2000). Recent evidence also suggests that young people in care in Ireland have greater placement stability than those in care in other countries (O’Brian 2013). For example, data from Tusla showed that in 2015, 2% of children in care had experienced three or more care placements within the previous 12 months compared to 10% of children in care in England during the same timescale.10

Aftercare

Aftercare is described in the National Aftercare Policy as adult services which are ‘integral to the continuum of alternative care’ and that ‘build on and support the work that has already been undertaken by …foster carers, social workers and residential workers in preparing young people for adulthood’ (Tusla 2017, page 2). In essence, aftercare represents the continuing role of the state and related services to act as a good parent would by providing their young people with the long-term support they require to make a more normative and successful transition to independent adulthood. International research and practice evidence has shown that many care leavers tend to embark upon independent living much sooner, aged around 18 years, in comparison to their non-care peers, who tend to leave the family home in their mid to late 20’s (Stein 2012). For many care leavers, the journey to adulthood involves taking on the challenge of multiple transitional milestones in a short space of time. For example, on turning 18, those who are unable to remain with their carers or return home safely to family, will urgently need to find and set-up a home in addition to finding employment, training or an education course and securing financial, practical and emotional support to enable them to maintain their home, sustain their career options and achieve a positive progress after care. Good aftercare support is fundamental to improving the life chances of young people moving on from care.

The Child Care (Amendment) Act 2015 enacted on 1st September 2017 aims to strengthen the statutory duties regarding long-term planning for young people after care. The legislation introduces a new duty to prepare aftercare plans for all eligible11 young people. The aim is to set out an explicit, as opposed to implicit, statement of Tusla’s duty to satisfy itself as to the young person’s need for assistance by preparing a plan that identifies the young person’s or young adult’s needs and the aftercare support required to meet those needs.

The aftercare provisions of the 2015 Act impose an obligation to:

› prepare an aftercare plan for an eligible child before they reach the age of 18
› prepare an aftercare plan, on request, for an eligible adult aged 18, 19 or 20
› to review the operation of an aftercare plan for and eligible adult where there has been a change in that adult’s circumstances or additional needs have arisen.

10 See https://www.dcy.gov.ie/viewdoc.asp?fn=%2Fdocuments%2FChildren_In_Care%2FChildreninCareWhatHappens.htm&mn=chin&nID

11 The new legislation sets out amended eligibility criteria for access to aftercare support
Under this legislation (and supported by Tusla’s National Aftercare Policy), aftercare is available to young people and young adults who meet the amended eligibility criteria for:

A. An aftercare plan, including:12

- a child who spent 12 months in care (HSE or Tusla) in the five years between age 13 and up to 18
- an adult (aged 18–20) who spent 12 months in care (HSE or Tusla) in the five years between age 13 and age 18

B. An assessment of need:

There is a statutory responsibility for Tusla to provide for an assessment of need for each eligible child and adult leaving care. This will determine the level of need, whether the allocation of an aftercare worker is required and what type of aftercare support is required to meet the care leaver’s individual situation.

The Child Care (Amendment) Act 2015 draws attention to seven areas of need for assessment and inclusion in the aftercare plan:

1. Education
2. Financing and budgeting matters
3. Training and employment
4. Health and wellbeing
5. Personal and social development
6. Accommodation
7. Family support

The 2015 Act suggests the priority areas for aftercare services are for care leavers to have secure and suitable accommodation, further education, employment or training and family support.

C. An aftercare service:

There is a duty on Tusla, under section 45a of the Child Care (Amendment) Act 2015 to provide leaving care and aftercare services for eligible young people and adults where there is an assessed need for support.13 If support is considered to be required for young people leaving Tusla’s care, it will be made available up to the age of 21 or 23 if in full-time education or accredited training.

Data from Tusla suggests that there were approximately 1,700 care leavers aged 18–22 years in Ireland in 2015 (see https://www.tusla.ie/services/alternative-care/aftercare/) and between 500 and 600 leave care at age 18 each year.14 Tusla reported that 59% of care-experienced 18–22 years olds were in full-time education and 37% of care-

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12 References to care include special care and detention. Furthermore, any periods spent accommodated under section 5 of the Child Care Act 1991 and any periods in care between the ages of 13 and 18 can be combined to meet the 12 month threshold.

13 See http://www.tusla.ie/uploads/content/4248-TUSLA_National_Policy_for_Aftercare_v2.pdf

14 See https://www.dcyia.gov.ie/viewdoc.asp?DocID=4213
experienced young people remained in foster care beyond the age of 18 years.\textsuperscript{15} Data gathered during Tusla’s quarterly reports showed that during 2016 97% of care leavers (young adults discharged from care aged 18) were considered eligible for an aftercare service with 90% were making use of the service. Slightly fewer (80%) had an allocated aftercare worker during this period.\textsuperscript{16}

**Tusla’s National Aftercare Policy**

As discussed, the consultation was carried out during a time of a significant legislative change regarding the development of aftercare services for young people leaving care in Ireland.

In recent years the Child Care Act 1991 provided the overarching legal framework for the placement of children in alternative care in Ireland with Section 25 pertaining to the provision of aftercare support up to the age of 21 (or older if in education) for those young people considered in need of assistance. Critics of this legislation have argued that this provision was too discretionary and had resulted in the nature of leaving care and type of aftercare arrangements being ‘ad hoc and regionally variable’ (Carr 2014) in terms of who provided the support, who received the support and the type of aftercare support available. For example, Carr (2014) notes that some areas employ specific aftercare workers, whilst others do not and consequently the criteria for accessing a service (should there be one) varies. Existing evidence pointed to considerable variation within aftercare services across Ireland (Maycock et al 2014, Maycock and Parker 2017, Carr 2014), with areas having their own policies, procedures and aftercare practice.

It was in response to this, that legislation was amended in the 2015 Act to clarify arrangements for assessing and meeting need and that the subsequent National Aftercare Policy was introduced to develop greater consistency in the provision of aftercare services.

The aim of the new policy is to ensure that aftercare service delivery is operated within an agreed, standardised framework. This includes having clear and consistent eligibility criteria for access to aftercare services (see above) and defining the nature and level of the services available to young people. It also involves clearly setting out the terms and conditions for the allocation of aftercare workers, financial support, and also the terms and arrangements for case closure for aftercare support.

\textsuperscript{15} See https://www.dcyase.gov.ie/viewdoc.asp?fn=%2Fdocuments%2FChildren_In_Care%2FChildreninCareAftercare.htm&mn=chitSt&nID=5

Tusla identifies five life areas in which aftercare support, under the National After Care Policy, can assist young people to achieve better outcomes:

› Young people leaving care have developed the necessary life and social skills.
› Young people have developed a level of resilience to cope with the adversities that many young care leavers face in adult life.
› Young people are encouraged and supported in training, employment and continuing in further and higher education.
› Young people establish themselves in suitable accommodation which can afford them stability and integration into communities.
› Young people have appropriate social networks.

Prior to the enactment of the 2015 legislation, Tusla introduced a number of new measures in preparation. These included introducing a National Aftercare Allowance to standardise financial support for eligible young people leaving care, the creation of dedicated aftercare teams (including a national recruitment drive to fill aftercare worker vacancies) and developing inter-agency steering committees to facilitate improved coordination of aftercare services at local level.

Tusla has also set up the Tusla Aftercare Implementation Group, which will monitor the implementation of the National Policy on Aftercare and identify gaps in aftercare services. The function of the National Aftercare Implementation Group is to ‘ensure the operation of an aftercare service across all areas within existing resources and to identify the gaps in current areas’.17

17 See https://www.dcy.gov.ie/docs/EN/Children-In-Care-Aftercare/3262.htm
This brief consultation forms part of existing work being carried out by Focus Ireland to develop a framework for assessing the impact of the aftercare system on outcomes for care leavers. This includes exploring what data is needed to understand progress after care, with a particular focus on housing and employment outcomes. This work is being carried out in light of the new legislation and the ongoing implementation of Tusla’s National Aftercare Policy. The findings from this consultation will be presented to Tusla.

The overall aims and objectives of the consultation were to:

1. Explore views on the use and usefulness of an outcomes framework within the Irish leaving care context by consulting with care experienced young people and aftercare workers

2. Gather the views of young people on their experiences of preparing to/leaving care; what is needed to achieve a positive transition from care; which outcomes are most important to them; and what helps them to achieve positive outcomes

3. Gather the views of aftercare workers on providing aftercare support and what data would be needed to evidence outcomes and how this can be used to develop services

In doing so, the consultation intended to provide information to support Focus Ireland’s work on aftercare services and suggest key messages for improving outcomes for young people and developing an outcomes framework for services supporting young people leaving care in Ireland.
Recruitment of the participants

The short timescales and the logistics of the consultation exercise meant that Focus Ireland and members of the steering group (EPIC, Don Bosco and Crosscare) undertook responsibility for recruiting young people and aftercare workers to the focus groups. The researchers worked with Focus Ireland and the steering group to draw up criteria for inclusion in the focus groups. To enable the consultation to gather a wide range of voices and experiences from young people, the criteria for participants was broad so that young people at different stages of their transitions from care could be involved. The criteria included:

Focus group with young people still in care (from Area 3)
- Aged 16 and 17 with an aftercare plan in place but prior to leaving care
- Mix of female and male participants
- From both residential and foster care placements

Focus Group with care leavers aged 18+ (from Area 1 and Area 2)
- Mix of female and male participants
- Range of ages and time since leaving care
- In education/employment/training and those not in education, employment or training (NEET)
- Range of different post-care accommodation (including still in foster care beyond 18, semi-independent, independent, unstable and temporary accommodation)

Young people were selected by Focus Ireland and EPIC in Areas 1, 2 and 3. In area 3 it became evident during the focus group discussions that recruitment criteria had not been followed in that five young people did not have an aftercare plan at the time of the consultation. Despite this, it was considered important to hear the views of the young people and a decision was taken to continue with the focus group, whilst recognising that the extent to which they could comment on aftercare plans was likely to be limited. Nevertheless, young people were able to discuss their experiences to date and the relevance and potential usefulness of the Social Finance Outcomes Framework.

Participation in the focus groups was voluntary and required informed consent from all participants. Consent was gathered from participants prior to attending the focus groups. For the under 18 cohort, Focus Ireland and partner services were responsible for gaining consent from carers and social workers. Informed consent was obtained directly from the 18+ cohort during the invitation process. In addition to this, a second level of consent was requested at the start of each focus group, whereby researchers from the University of York reiterated the purpose, format of the focus group discussion and confidentiality and disclosure policies and asked participants to for their written consent to participate. (Please see Appendix for full consent process and consent form).

18 Although the eligibility criteria aimed to include a wide range of views, the restrictions of sample size and timescales (which might have hampered the ability to include harder to reach young people) is likely to have affected the representativeness of the data gathered. Young people leaving care have diverse experiences of care and leaving care, some positive and some more challenging than others. The groups that participated in the consultation were drawn from existing service users with no attempt to select those doing better or worse than others.
The sample therefore comprises a group of young people who were invited to participate and opted to take part. It was agreed that limited data would be gathered on characteristics as the aim of the consultation was to collect data to scope out views and experiences of transitioning from care rather than any comparison or further analysis.

Four focus groups took place across three areas across Ireland in August 17. One with young people aged 16 to 17 preparing to leave care (n10) and three with young people over aged 18 and over (18+) who were at different stages in their transition (n19). The focus groups for the 18+ cohort were co-delivered by a peer facilitator with recent experience of leaving care in Ireland.

To thank all young people for taking part, a €50 voucher was given to each for taking time to participate.

**Participation rates**

The consultation aimed to recruit:

- thirty four young people and was successful in engaging with 29 (85%)
- seven aftercare workers and successfully engaged with five (71%)

**Table 1 – Number of young people in each focus group**

<table>
<thead>
<tr>
<th>Area</th>
<th>Activity</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area 1</td>
<td>Focus group 1</td>
<td>6 young people</td>
</tr>
<tr>
<td></td>
<td>Focus group 2</td>
<td>8 young people</td>
</tr>
<tr>
<td>Area 2</td>
<td>Focus group 3</td>
<td>5 young people</td>
</tr>
<tr>
<td>Area 3</td>
<td>Focus group 4</td>
<td>10 young people</td>
</tr>
</tbody>
</table>

The consultation included the voices of young people from three areas of Ireland to provide some geographic diversity. These areas were:

**Area 1**

Area 1 is a large city in the east of Ireland with an urban area population of 1,173,179 and as of 2016 1,904,806 in the greater area. The service and industrial sectors are the main employers. The city is one of the most expensive areas in which to live with an average rent in the south of the city in 2017 of €1,995 compared to a nationwide average of €1,198 (Daft.ie, 2017). In 2015, the general area included approximately 51% of all young people aged between 18 and 25+ receiving an aftercare service in Ireland (around 926 of 1835 nationally).

**Area 2**

Area 2, a city in the west, is the fourth most populous urban area in Ireland with a population of 79,504 in the city. Most of the people employed in the city work in the commerce or professional sector, with a large number in manufacturing. The average rent in the city in 2017 was €1,057 compared to a nationwide average of €1,198 (Daft.ie, 2017). In 2015, the city and surrounding area included approximately 7% of all young people aged between 18 and 25+ receiving an aftercare service in Ireland (around 130 of 1835 nationally).
Area 3

Area 3 is a city in the south, one of the most populous in Ireland with the population of the City and its immediate suburbs reaching 208,669 according to the 2016 census. The main employers in the city include the University and the Hospital. The average rent in the city in 2017 was €1,144 compared to a nationwide average of €1,198 (Daft.ie, 2017). In 2015, the city included approximately 13% of all young people aged between 18 and 25+ receiving an aftercare service in Ireland (around 230 of 1835 nationally).19

The consultation with young people

Twenty nine young people participated in the focus group, which were co-facilitated by two care-experienced young adults and the research and participation worker.

The aim of the exercise was to gather young people’s views on the key issues affecting their transition from care, including outcomes and aftercare support. Young people were asked to indicate which outcome areas were a priority, how might services measure good or bad outcomes and what is needed to help young people to do well in the areas they think are most important whilst in and leaving care?

The consultation took the form of a guided discussion to enable young people’s views and priorities to shape the discussion. A topic guide was developed and co-delivered by the researcher and the peer facilitator.

Activity based discussions were used to elicit views, including full and small group discussions and a more interactive ‘warm up’ session know as Keep, Bin, Change.

This activity has been used in previous consultation groups undertaken by the research team with care-experienced young people. It involves asking young people to post comments on three flip charts to identify aspects of leaving care and aftercare support that young people considered to be working well (Keep) not working well at all (Bin) or needed to be revised (Change).

The session then moved on to a general discussion, using the topic guide to explore issues in more detail Young people were also shown copies of the Social Finance outcomes framework to gather their views on whether it captured the areas they think are most important and whether the listed domains and indicators were useful and realistic (see below for the Social Finance outcome areas and indicators).20

20 Taken from the Social Finance Leaving Well Technical Guide 2017, see http://www.socialfinance.org.uk/sites/default/files/publications/leavingwell_152x228_final-1.pdf
OVERVIEW OF KEY OUTCOMES

These six domains and their corresponding outcome statements represent a synthesis of the evidence on care leavers’ outcomes and young people’s feedback. They build on each other, and positive outcomes in a more foundational domain are likely to enable positive outcomes higher up in the pyramid.

- Employment, education and training
  Young people are in appropriate education, training or employment which supports the achievement of their goals.
- Financial stability
  Young people have sufficient income and are able to manage their finances.
- Positive activities
  Young people participate socially in the pursuit of their talents and interests.
- Relationships
  Young people have long-term relationships that are positive, trusting and supportive.
- Health and wellbeing
  Young people have good physical, emotional and mental health.
- Housing
  Young people have accommodation which is stable, safe and appropriate for their needs.

Consultation with aftercare workers

A single focus group was held with five aftercare workers from a range of agencies from Area 1. The format of the session involved a guided discussion. The discussions focused on identifying some of the key challenges facing young people leaving care and staff within the aftercare sector.

The group considered how data on outcomes is currently used and provided feedback on the Social Finance outcomes framework and the synergy between the key areas of service provision identified in the framework and the focus of aftercare services in Ireland.

The final feedback and key messages workshop took place in February 2018 and involved three members of the area based focus groups coming together to discuss the findings that had emerged from the consultation focus groups. The workshop involved asking the group to consider the findings alongside the following questions:

1. What would make this outcome area better and work for young people in Ireland?
2. How do we make it happen and who needs to be involved?
3. What is missing and what do young people want from this outcome?
4. How do we measure the outcome?

The discussions generated co-produced key message for each outcome area for policy, practice. This included Tusla, aftercare services and workers, charities, housing providers, health and education providers and other care leavers.
Chapter 3

Leaving care in Ireland – the views of young people

To explore what leaving care was like for young people, the participants were asked to think about their own experience of leaving care and identify what had worked well or not so well and how things could have been different. The Keep, Bin Change activity was utilised to open-up the session and this was followed by a general group discussion and finally a review of the Social Finance outcome framework to explore young people’s perspectives on the outcome areas used in the framework.

As outlined earlier, 29 young people took part in one of four focus group held in three areas across Ireland.

The under-18 group

Ten young people took part in the under 18 focus group held in Area 3. The under 18 group lived in different types of care placements, with six in foster families, two in residential care homes, one living independently and one young person who did not wish to state their placement type. Of the 10 young people, five were due to turn 18 within six months of the consultation. None of these five young people had started a plan for leaving care nor had they met their aftercare workers.

Table 2 – Characteristics of the under 18 cohort

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>N=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>6</td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
</tr>
<tr>
<td>Aged 16</td>
<td>2</td>
</tr>
<tr>
<td>Aged 17</td>
<td>7</td>
</tr>
<tr>
<td>No age provided</td>
<td>1</td>
</tr>
<tr>
<td>Under 18 living in Foster care</td>
<td>6</td>
</tr>
<tr>
<td>Under 18 living in residential care</td>
<td>2</td>
</tr>
<tr>
<td>Under 18 and left care placement</td>
<td>1</td>
</tr>
<tr>
<td>Other (accommodation unknown)</td>
<td>1</td>
</tr>
</tbody>
</table>
Most of the young people (nine of the 10) identified that work around planning to leave care was something that they felt was lacking within the service they had experienced. Ideally, preparation should begin much sooner and should therefore fall within the remit of social workers and carers. One young person identified that preparation was a weekly part of their children’s home with sessions to help prepare residents for independent living. Nevertheless, most of the young people under 18 considered that preparation had not been a focus of their care thus far.

In addition, the group commented that aftercare support was not readily available for all who needed it. In their views, the group felt that the main way to receive aftercare support in Ireland was to enter formal further or higher education. Although the group identified that education was important they also felt strongly that it should not be the determining factor in ‘the support you receive’.

As outlined in the previous chapter, we asked participants to identify what they would Keep, Bin, Change in regard to aftercare. This had helped to identify aspects that young people felt were working well, not working at all and required replacement or revision.

For the under 18 cohort the group identified three priorities in each area as shown in table 3 below.

Table 3 – What would you keep, bin or change about preparing to leave care?

<table>
<thead>
<tr>
<th>Under 18s’ comments</th>
<th>Bin</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep</td>
<td>Bin</td>
<td>Change</td>
</tr>
<tr>
<td>‘Access to education just don’t make it all about education’</td>
<td>‘False advice…you don’t get a house or money to help when you leave you don’t just get anything’</td>
<td>‘Aftercare should be a given not just for the select few’</td>
</tr>
<tr>
<td>‘Chances to stay with foster carers after 18’</td>
<td>‘The push on education and focus on other things as what I want to do there isn’t a university degree for it’</td>
<td>‘Information… we need to understand the role of the aftercare worker as they are assigned and that’s it we don’t know what they are there for as we don’t see them enough’</td>
</tr>
<tr>
<td>‘Services like EPIC and the staff’</td>
<td>‘Not including us in decisions before we’re 18, we need to learn how to look after ourselves’</td>
<td>‘Give us more information from a younger age so we know what to expect when we leave care’</td>
</tr>
</tbody>
</table>
The 18+ group

Nineteen young adults aged between 19 and 26 took part in one of three focus groups held in Areas 1 and 2.

Table 4 – Characteristics of the 18+ cohort

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>N=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>13</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
</tr>
<tr>
<td>Aged 19</td>
<td>5</td>
</tr>
<tr>
<td>Aged 20</td>
<td>5</td>
</tr>
<tr>
<td>Aged 21</td>
<td>4</td>
</tr>
<tr>
<td>Aged 22</td>
<td>3</td>
</tr>
<tr>
<td>Aged 24</td>
<td>1</td>
</tr>
<tr>
<td>Aged 26</td>
<td>1</td>
</tr>
<tr>
<td>Over 18 living with Foster carer</td>
<td>5</td>
</tr>
<tr>
<td>Over 18 in supported accommodation – e.g. Hostel</td>
<td>5</td>
</tr>
<tr>
<td>Over 18 independent accommodation</td>
<td>7</td>
</tr>
<tr>
<td>Over 18 returned to live with birth parents</td>
<td>1</td>
</tr>
<tr>
<td>Over 18 staying with friends</td>
<td>1</td>
</tr>
</tbody>
</table>

The Keep, Bin, Change activity was repeated at the start of the 18+ group focus groups and elicited similar responses (see Table 5).

Care leavers suggested a range of changes to aftercare support. Each of the three focus groups identified that the most important change was to have the opportunity to form better relationships with aftercare workers, with many young people (n=19) identifying this as a priority. There was an acknowledgement that barriers to this were capacity and time commitments for staff. This might be more prevalent in areas with high staff vacancy rates and high caseloads.

“They need more staff and they need to make sure everyone has a meaningful aftercare worker as they hardly see young people at the moment and it’s not right.’ (20 year old female)

The second most important aspect of leaving care for the over 18 groups was accommodation (n=17). They felt that care leavers should be a priority for accessing accommodation when they turn 18. All three groups talked of housing problems within their local area and the impact it had on their own circumstances. They stated that the alternatives to having their own homes were limited and not suitable for care leavers.
The only options we’ve got really are homelessness hostels, small pokey bedsits that you can’t really live in, unsafe options like back with family or homelessness. It doesn’t surprise me that some people would rather be homeless to be fair.’ (24 year old female)

Table 5 – What would you keep, bin or change about leaving care?

<table>
<thead>
<tr>
<th>Keep comments</th>
<th>Bin comments</th>
<th>Change comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘The support you get from services… Focus’</td>
<td>‘Quick move outs… make it slower and make sure young people know where they’re going’</td>
<td>‘Accommodation needs to change there is a major housing crisis and young people leaving care should be a priority’</td>
</tr>
<tr>
<td>‘Independence opportunities… just with added support’</td>
<td>‘High rents… people can’t afford to live’</td>
<td>‘More information for young people as the stress they are put under when the turn 18 is ridiculous and they don’t have a clue about what they are entitled to or what support they can have’</td>
</tr>
<tr>
<td>‘The good staff that want to get to know you and help you’</td>
<td>‘Small overpriced accommodation’</td>
<td>‘Young people need to know the truth about what they will get with finances as they don’t understand how hard it is going to be’</td>
</tr>
<tr>
<td>‘Nothing it all needs changing’</td>
<td>‘The idea that family is best! Because it isn’t for everyone’</td>
<td>‘To have more choice, social workers have all the responsibility until you’re 18 and then you have to decide everything you should be involved from a younger age’</td>
</tr>
</tbody>
</table>

These issues were echoed over the course of the consultation. Five themes emerged from the focus group discussions in regards to the main priorities and challenges for young people in and leaving care in Ireland:

1. Cliff edge
2. Accommodation
3. Preparation
4. Aftercare workers, support and entitlements
5. Education, Training and Employment support
Key messages from the focus group

The cliff edge

Underlying the priority areas was evidence of a ‘cliff edge’ for leaving care and service delivery for some young people. Existing research and practice evidence shows that young people leaving care are amongst the most vulnerable in society. They are also a group that experiences high levels of instability and uncertainty during the transition to adulthood. The cliff edge refers to a lack of preparation prior to independence and a sharp fall way of targeted support. Some young people taking part in the consultation used this term to describe their own experiences.

The participants identified a lack of preparation, information, choice and decision making leading up to the day before their 18th birthday. From the age of 18 onwards, they felt there was a step back in support despite, as some stated, a drastic change in the expectations placed upon them.

"We need to meet the aftercare workers earlier, planning for leaving and the transition needs to happen from like 15/16 at the latest." (20 year old male)

A common message from participants was that prior to their 18th birthday they had felt secure and sometimes too sheltered, with some commenting that they did not have much say in the care they received or the ability to make decisions themselves. Upon turning 18, however, support stepped back and in some cases ended. Young people felt that without a close relationship with aftercare services they were left feeling overwhelmed, unprepared and lacking the skills and support networks needed for their future decision making.

"It’s crazy. One day before I turn 18 I have no say in where I live. I have everything done to me and then the next day I’m 18 and I have to know how to get into accommodation and I have to know how to get into university and I’m supposed to know how to look after myself when I’ve had no say before. It’s too much at once." (20 year old female)

Accommodation

Accommodation was identified as a considerable concern for young people transitioning from care. Due to the general lack of housing options and rising costs of rents young people did not feel they were supported into suitable follow-on accommodation. Young people told us that in some cases their options were to remain with foster carer where that was possible, and if not, return home to family, live with siblings or extended family or access homeless services.

"It’s impossible to get a house in Area 2 if you’re not in education, the rents are too much to be able to afford especially if you don’t have the education payments and you’re on standard welfare." (20 year old female)
Whilst a safe return to family can represent a positive step for some it was considered by others as problematic and in some cases unsafe for those for whom it was the only option. The participants agreed that a return to family should not be the expected option for all. Furthermore, they felt that it was essential that it should only happen where safe to do so. This highlighted that in many cases young people had entered care having been removed from the family home due to concerns surrounding the child’s safety and welfare. One care leaver who had to return home to avoid homelessness queried why the family home was recognised as a risk up to the age of 18 and then considered a suitable option one day after their 18th birthday. The young person felt strongly that it was not safe to return to the family home where nothing had changed. They noted that due to a lack of planning and alternatives it was their only option open to them upon turning 18.

Participants recommended that moving a young person back to the family home should only be done when risk had been assessed and there was a planned and gradual move to reintroduced young people back into the family slowly. It was also stated that this should only be done where work has been carried out with both the young person and family members and both parties were happy with the decision.

> When you turn 18 or just after when you leave care they don’t even help you with finding a house, you have no choice you can go home back to your parents, but that’s not fair they took you from there for a reason why just let you go back? Other than that its homelessness that’s your only real option.’ (19 year old female)

Some participants felt that services placed a large focus on the importance of family and young people moving back into the family homes. Whilst they acknowledged that contact with wider family could be positive for some, the young people said it should not be assumed and that they wanted to have more input into deciding if this was right for them.

> They need to change the idea of family being so important. It might be for them, but it isn’t for everyone and sometimes we have to make our own family. Let us decide if the birth family is important to us and ask us if we feel safe and happy to go back there.’ (24 year old female)

The consultation clearly identified a need for young people to have information about accommodation options in Ireland and the reality of the housing shortage and high rents, which is something happening nationally.

> I don’t know where I’m moving to or what I’m going to do.’ (17 year old male).

They felt that care and aftercare staff need to prepare young people honestly and in good time for the transition to post-care living and enable young people to have knowledge of their housing options and to safeguard them from difficult housing circumstance once turning 18.
Recommendations for accommodation

- Staff and careers to have honest and open discussions with young people about their accommodation options and entitlements before leaving care, even though these discussions can be difficult for both parties. Young people wanted to know what they can expect to enable them to plan their move into independence.
- Ensure aftercare workers are meeting with young people before their 18th birthday to plan the move from care.
- Utilise the experience and support of older care leavers as ambassadors to create entitlement guides for young people leaving care and to share their experiences of the different options available to young people post 18.
- Ensure that young people know their entitlements before they reach 16 so that they can begin to plan as “there is little information on housing until you’re 18.”

Preparation for independence

Throughout the focus groups young people told us that there had been a lack of focus on preparation for independence across services and that the support young people received can amount to a postcode lottery whereby different areas provided different levels of service and the types of support offered could depend on the type of care placement the young person was in. This meant that aftercare services and preparation support for independent living for young people were variable. Young people living in foster care felt that their preparation, although non-regulated, was happening daily within the family home. However, young people in children’s homes felt that they did not have the opportunity due to restrictions within the home.

My care home doesn’t really do like sessions or stuff with us on cooking I know (Name) said that his does but mine doesn’t.’ (17 year old female)

Don’t make us leave at 18 if we are not ready, I am 18 soon and I’m going to have to leave my foster home, I don’t have anywhere to live, I don’t know if I’ve got into university and I am so stressed with all of this, I haven’t met my worker yet and I know I am not ready, you’re setting me up to fail!’ (17 year old female)

By providing preparation across the board, young people are less likely to face a cliff edge when leaving care, as they will be better equipped with the information to support them with decision making and practical independent living skills. Alongside having preparation for those in care, aftercare services can provide ongoing support with preparation skills for young people when looking at accessing EET opportunities and tenancy management.

There needs to be more consistent preparation work happening across the country to ensure that young people are leaving with the correct skills to allow them to make the transition a success. It was clear that current preparation work was dependent on the circumstances of the young person and largely based on their care placement type. Providing gradual and holistic preparation to all adolescents whilst in care can ensure
young people are better equipped and have everything they need to help them to leave care. In addition to practical skills, young people commented on the need to have all their relevant paperwork and documents in time.

> Like make sure people have all their documents when they leave care like their medical cards, passports bank accounts and birth certificates, that would make applications loads easier as you'd have ID.’ (20 year old Male)

**Recommendations for preparation for independence**

- Create local area consultation and preparation groups to allow young people to learn from each other both prior to and leaving care
- Have a standard approach to preparation for young people leaving care, this could be incorporated into foster carer training and activities within children’s homes
- Give young people a one stop shop information guide on preparation skills for leaving care

**Aftercare workers, support and entitlements**

The focus groups also identified the lack of awareness amongst young people regarding their entitlements on leaving care. This was particularly evident for young people who were still in care during the time frame of this consultation. This included not having an aftercare plan or not receiving information about move-on accommodation. This suggests a need for more transparent information on services and procedures and closer working between social workers and aftercare workers to bridge the information gap between services.

Many of the young people told us that they had not received aftercare support or that even though they had been assigned an aftercare worker, that they had only met them once or twice. This was a running theme across all the focus groups with the exception of the Area 2 group.

> I’m 18 and I’m lucky because my foster carer wanted to keep me, if she didn’t keep me god knows where I’d be as I’ve seen my aftercare worker like once, and it was for like 5 minutes she hasn’t got in touch since then I don’t even know if she could tell you what I looked like.’ (18 year old female)

This identified that they had good relationships with their aftercare workers, however they want the right balance. These young people identified that they felt that workers were always there for them but it could feel like a “cotton wool approach”. It was also interesting to identify that young people from Area 2 noted that they were “lucky” as they understood that whilst having too much support might be frustrating at times at least they had the opportunity to get to know their aftercare workers.
I know that whenever I need her I can just call her and she makes time for me, she also checks in on me all the time, she takes me shopping and helps me with the house. It would be nice sometimes especially when I’m busy with university to have some space, but I know I’m lucky as I know her and she’s there when I need her.’ (20 year old female)

Amongst the under 18 focus group there was a lack of understanding in regards to what they would be entitled to when they leave care. Six of the 10 under 18s from Area 3 identified that they had not met their aftercare worker, nor had they started a plan for when they turned 18.

‘After care is just more lies, I’m 18 in like 5 weeks and don’t have a worker even though I should.’ (17 year old male)

Recommendations for aftercare workers, support and entitlements

- There is a need for more aftercare workers and a need to implement and adhere to strict guidance on times scales for aftercare to be in place
- Young people agreed that it was important for a plan to be put in place prior the young person’s 18th birthday
- Aftercare workers need to have regular visits with the young person prior to their 18th birthday to build a relationship and ensure a successful transition into post care living

Education training and employment support

Education was identified as a focus point for many of the young people we talked to. In many cases, however it was identified that young people felt education was the only option offered to them when leaving care. Whilst there was acknowledgement of the benefits and importance of education, young people felt that further and higher education might not be right option for everyone due to circumstances or abilities, therefore it was important that other options should be discussed.

There was also some evidence that young people did not have a clear understanding of what their entitlements were if they did not go to college or university. Some differences depending on the routes taken were outlined based on those in education and those not in education.
**Table 6 – Entitlements after care**

<table>
<thead>
<tr>
<th>In education</th>
<th>Not in education</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUSI Grant for further and higher education</td>
<td>No financial support other than basic welfare</td>
</tr>
<tr>
<td>Financial support and education bursary</td>
<td>No extra financial support</td>
</tr>
<tr>
<td>Emotional/general support from a worker</td>
<td>Little and/or infrequent aftercare support with some young people not seeing an</td>
</tr>
<tr>
<td></td>
<td>aftercare worker for long periods of time</td>
</tr>
<tr>
<td>Accommodation help</td>
<td>No help other than homelessness services</td>
</tr>
</tbody>
</table>

‘You should be entitled to the same human needs no matter if you’re in education or not but you’re not in Ireland.’ (19 year old male)

For those making the transition from their placement to independence, education was identified as a way to gain post-care accommodation. The wider support that came with participation in education, including the payments, meant that some young people felt they were supported into education even if it wasn’t the right thing for them at that point in their life.

‘I know I am not ready for university but I don’t know what else to do as I won’t be able to live on normal welfare and I need to make university work as without it I won’t have my house or be able to support myself.’ (17 year old female)

The focus groups did not identify support for young people taking part in training and employment opportunities. Young people felt that there was a large focus on education but not a lot of support for those who did not feel an academic path was right for them and who wanted to pursue other options.

‘I got a job but was pretty much left alone, aftercare don’t really help you unless you go to University, it’s not right but that’s just how it is.’ (20 year old male)

Some young people felt that there should be greater acknowledgment that the timing for entering further and higher education tends to coincide with leaving care, particularly for those leaving residential care, where finding accommodation takes priority.

‘How can you think about education when you trying to find somewhere to live.’ (19 year old female)
Recommendations for EET

› Young people welcomed the continued support to access education for those who were ready and able to pursue an education pathway

› More support and information is needed for young people who are not ready or able to enter education after care – particularly during the transitional phase when other priorities might delay or prevent education participation

› Support is needed to help young people revisit and develop educational attainment to ensure they are ready to actively engage in EET

› Other options including apprenticeships, training or employment should be discussed and supported to better meet young people’s needs, interests and abilities

› More support could be offered to young people pursuing a non-educational pathway, for example through aftercare support and top-up payments especially for those who are taking part in training, to ensure they can financially sustain independent living.
Five workers attended the focus group discussion, which took place in Area 1. Participants were asked to identify the key challenges facing the young people they were supporting and the impact this had on aftercare support and service delivery. Workers focused on the following outcome areas.

**Accommodation**

The group agreed that accommodation posed the largest challenge for young people leaving care and their opportunities to achieve positive outcomes.

> It’s housing and homelessness, getting somewhere to live once they reach 18.’

It was, therefore, also the main challenge for those supporting care leavers and was often the main focus of aftercare support and services.

The group reported that there was lack of accommodation choice and options for care leavers. They considered that the high cost of the private rented sector and related conditions placed it beyond the reach of many care leavers in need of accommodation post-18.

The difficulties in finding post-care accommodation were located in the ‘lack of specific aftercare accommodation’ coupled with ‘a housing crisis’ that had caused a general shortage of housing in Ireland.

**Lack of aftercare accommodation**

The group noted a general shortage of specific move-on accommodation for care leavers. Even when young people could access financial support for accommodation, it was insufficient either to meet the very high private rental costs or because there had been a reduction in specific aftercare accommodation.
In the absence of specific aftercare options, the group noted that for some young people, the only option was general short term homeless accommodation, which required care leavers to go through the homelessness route to access it.

The only way is that they have to become homeless to gain access to it, they can register with the council as homeless and receive homeless priority, but they can't actually access the [other] accommodation until they've accessed homeless accommodation.’

This was considered a particular issue for young people exiting residential care. The group suggested that there had been a lot of work done to advocate for the accommodation process to begin whilst young people were still in residential care so that they could transition directly into supported accommodation after care and before having to register homeless, however, this was not yet possible.

Care leavers are not seen as a priority group once they turn 18 and there’s no longer a statutory responsibility, they are seen as a group that are just bunched in with any other person who is a risk of homelessness.’

Need for a ‘middle’ option

The shortage of supported aftercare accommodation had, it was felt, led to the lack of ‘a middle’ option between care and independent living for care leavers who tended to take on the responsibilities of independence far sooner than other young people leaving the family home.

It’s the age, young people move on from residential care when they turn 18 and with the lack of aftercare follow on from residential service there a lack of a middle, there’s a huge gap in services for young people when they turn 18, more so than for those leaving foster care where there’s more security, chance of them having more support.’

Coz the problem with private rented is that it breaks down within six months to a year, they fall behind with their rent, their bills and keeping themselves safe.’
Barriers to accessing independent tenancies

Workers also felt that care leavers were disadvantaged within the squeezed housing market, due to their young age, circumstances, limited independent living skills and their lack of capacity to meet the high rents, whether or not they were in employment. Often care leavers were competing with students, professionals and families to secure a home from landlords who could afford to exercise restrictive eligibility criteria.

> Why give the [the tenancy] to an 18 year old who has never had a job, has no references, has no job when they can have somebody who is a professional?” Just no accommodation out there for them.’

The general lack of accommodation impacted on choice and also the quality and suitability of accommodation for care leavers. Workers expressed concern that properties could be in poor condition and not always suitable to meet the young person's needs and access to amenities and support networks.

> If you're coming from care and you are homeless you can get up to 990 Euros per month, but still all you are getting is a room, very little chance of getting decent accommodation.’

> I think that we are so desperate to secure accommodation for our young people that we don't actually think about the accommodation that we are securing for them and the consequences of where it is.’

Variation

The group also felt that whilst there was a general issue with housing, access to accommodation and related support could vary according to local area, the services or individuals working with young people and young people's circumstances.

> It can come down to a case by case basis. You might get a case worker who is more sympathetic to your young person and you might get that little bit more for that young person but it's not standard across the board, there's no expectation of what you will get from the councils.’

Some care leavers were considered to have a greater chance of finding accommodation.

> The ones that have children will get their houses first.’

> Girls get more chances, young lads at 18 are the worst they haven't a hope.’
There was also concern that some young people with greater needs, such as those with histories of substance misuse, anti-social behaviour or offending, were particularly disadvantaged when searching for a home after care.

They don’t have much of a chance [of finding accommodation] and then anything negative like substance misuse or criminality just makes it zero.’

Workers considered a lack of access to supported accommodation for those with complex needs and the high threshold for tenancy applicants meant that such young people were at even greater risk of homelessness after leaving care. There was, however, some suggestion that young people in the youth justice system potentially had access to more options and support through that route in comparison to other care leavers. This suggests that some agencies had protocols and strategies in place to source accommodation options.

Young people who had been looked after away from their local council were also considered to be disadvantaged in terms of access to accommodation and support. Workers felt that there was a general lack of consistency in how out of area care leavers should be supported.

Positive accommodation models

The group discussed examples of programmes and supported routes into accommodation for care leavers. This included a project that offered house share accommodation with other residents such as students, young people in work or training and those experiencing difficulties. These schemes enabled one of the tenants to take on role of caretaker for the house share in return for free accommodation. Although this was available to young people from care, it was felt that it would require the young person to have the necessary independent living skills to sustain the tenancy, prior to moving in.

Another scheme offered ‘short-term’ apartments over 12–18 months for care leavers. Whilst this offered some stability and a stepping stone from care, there was often insufficient move on options once the tenancy came to an end. At this point, it was then left to young people to struggle to find their own home. This could destabilise any good work achieved whilst in the short-term accommodation. Workers also felt that there were limited opportunities for extended stay due to the need to offer the accommodation to other young people.

Housing issues

Although a key factor for aftercare services, reasons for the shortage of accommodation for care leavers reside within wider structural issues related to the housing market in Ireland. Recent economic and housing research suggests a national housing crisis in Ireland with a shortage of properties to buy and rent and continually rising rental costs. In addition, the quality of rental properties is reported to be poor in many areas of Ireland.

A review released by Daft.ie (2017) suggests that rents have risen for the 21st consecutive quarter reaching an average monthly rent across the country of €1,198, which represents an 11% increase the previous year. The report also states that there were fewer than 3,400 properties available to rent across Ireland, a decrease of 16% over the past year.
The crisis in the rental market is compounded by similar issues within the home owning sector. Research recently published by ESRI suggests that a national shortage of affordable homes with house prices due to see a 20% increase. Together, this means that fewer people are able to access housing through the rental and owning sectors. The reports send a message to government to increase housing supply and take action to protect rental properties and affordable rents for existing tenants.

Despite the wider housing crisis which impacts on the availability of independent tenancies, a message arising from the focus group discussion suggested there is a need for more move-on or transitional accommodation options specifically for care leavers.

This could include shared supported accommodation, supported trainer flats or supported lodging models.

Social and independent living skills

A second outcome area of concern was a “lack of life skills and preparation” for many young people leaving care at 18. There was consensus amongst aftercare workers and resonance with the views of the young peoples’ focus groups, that preparation for leaving care and support to develop independent living skills and social skills needed to begin much sooner for care-experienced young people. Workers considered it important to ensure that all young people (and those in residential care in particular) were offered support to develop the practical and emotional skills to live independently, including budgeting, cooking and cleaning as well as communication skills, building attachments and integrating fully into their communities and wider society.

“They lack the social skills, I’d say that is one of the biggest problems. They can’t cope, they’ve never had to pay bills or manage their own money, they’ve never had to actually go out and buy food for themselves, they’ve never had to buy their own clothes and then at 18 they are told go out and manage for yourselves.’

The group emphasised the need for social workers to take a more active role in post-care planning to avoid ‘panic stations’ when it came to young people making the transition form care. This included the need for them to manage young people’s expectations both in terms of their entitlements and the reality of what was available to them after care. Workers felt that this was particularly important when discussing post-care housing options so that young people were aware of the significant challenges inherent in the housing market.

[Young people] have these expectations that they are getting an apartment with all mod-cons but it’s not it’s a room...and social workers are not explaining to them what they can get after care, and the work we do.’

The aftercare workers group also alluded to the cliff edge of leaving care for young people aged 18 in Ireland, echoing the views expressed in the young people’s focus groups.
Workers described how turning 18 brought with it a change in support and services for young people. On a practical level this could mean the difference between providing support the day before a young person’s 18th birthday and turning them away the day after. Again, workers felt that this was more starkly felt for young people leaving residential care where they had been accustomed to receiving a high level of support.

“They come to me and say I’ve no shoes and...I can’t do anything about it and they say “but last week you were going to take me” and I’m saying “yes but you’re 18 now. Last week you weren’t. I can’t buy you shoes,” and they just don’t get it.’

Aftercare workers also drew attention to the impact that a sudden change in duty and support could have on young people’s safety.

“A young person under 18 who is going missing will result in the garda searching for them but go missing a few days after you turn 18 and no one will be looking.’

Mental and physical health

The third key challenge facing care leavers that was identified by workers was supporting young people with their physical and mental health outcomes. Staff talked of the gaps in service between child and adult mental health services and excessive waiting lists for child mental health services, which could involve waiting six months to over a year. They also highlighted restrictive criteria for being offered a service that could effectively exclude care leavers who were without stable accommodation or a permanent address from accessing the service. There was also concern that some health professionals lacked awareness of the particular needs and circumstance of care leavers, which could result in care leavers withdrawing from seeking support.

Workers felt that the impact of poor mental health and wellbeing was exacerbated by a lack of out of hours aftercare and social worker support for young people in and leaving care. Mental health and emotional difficulties rarely keep to office hours and workers identified a growing need for young people to be able to access support as and when such difficulties arose. A member of staff from EPIC noted that their young people had identified a support helpline (similar to Samaritans) with specialist staff with awareness of the particular needs and circumstances associated with leaving care.

As was the case with accommodation, there was recognition that these issues were heavily influenced by difficulties inherent within the national mental health services. To address some of the difficulties in accessing health support, Tusla has set up an Interagency Steering Committees and the development of joint protocols with the HSE for access to health services in addition to the establishment of drop-in services.

In terms of general health, the group felt that changes were needed to the process for updating young people’s medical card. There was agreement that social workers should
support young people to apply for their medical care renewal before they left care to ensure that care leavers had this in place when changing address. There was a suggestion the medical card could be extended to cover five years for care leavers so that frequent moves did not impede young people’s ability to access health care.

“It should be mandatory that a kid coming out of care is registered, that they have a medical card and can use it until they’re 25…just full stop, that's it.’

Those care leavers who were unable to find stable accommodation and who experienced frequent post-care moves could experience difficulties registering with a new GP:

“Because the nature of young people leaving care, they tend to move, and we’ve experiences difficulties securing a GP for young people who have moved…they’re not taking on new medical card patients.’

Education, employment and training

EET was felt to be less of a challenge for most young people, and consequently less of a focus for aftercare support, as there was a strong drive for young people to continue their studies beyond care. The access to financial and accommodation support that accompanied participation in further and higher education offered a strong incentive for care leavers to engage.

“Access is good because it gives them an idea of what they want and where they’re going instead of wasting their time doing courses and then going out a year 2 of the course and doing nothing.’

“I think more young people are now opting for education. I think that’s one of the reasons, so many want to go, more than just the fact of being in education is better opportunities.... you’re going to be in accommodation for three or four years, it's going to be paid for you and you get your maintenance grant, meals, you'll get your clothing grant and you can apply for other things...so it's an incentive.’

For those young people who did not have the qualifications needed to enter post compulsory education, workers outlined examples of positive routes into education via ACCESS courses and post leaving certificate courses (PLCs). These were considered to provide care leavers who might be less academic to find some degree of stability and an opportunity to develop skills and consider their options whilst receiving support.

21 See http://www.plccourses.ie
Chapter 5

The outcomes framework

Copies of the Social Finance outcomes framework were given out during the focus group discussion with young people and aftercare workers.

For the former, poster size copies of each of the six outcome domains and indicators (see Chapter 1, figure 1 and Chapter 2, figure 2) were displayed around the room. Young people were invited to discuss the areas within small groups and agree their priority domains and whether or not they felt that the indicators were useful measures of progress.

Aftercare workers were given a booklet containing the domains and contributed to a full group discussion on the relevance of the outcome areas and the indicators for aftercare in Ireland.

The views of young people

Most of the participants in the young people’s focus groups liked the idea of having a standard set of outcome measures for when they leave care. Young people identified that they wanted information on what their entitlements were and what is to be expected of both them and the services within each outcome domain.

“With something like an outcomes framework then we’d all know where we stood, this would allow people to keep track of us and help support us in areas we need help in. This would be a great thing for us to have as we could all feel better supported if we knew in black and white what was happening”. (20 year old male)

When talking to young people they identified that there were already too many discrepancies and inconsistencies in young people’s entitlements across the country and if there was to be an outcomes framework implemented, it should be for all care-experienced young people. Young people identified that they understood that not all areas of the outcomes framework would be relevant for all young people. However, the areas that impact on all young people should be implemented for all.
I mean I like the idea but not all of it would really be needed for me as I don't have a disability or a kid so like those bits wouldn't matter, I do like the other stuff though and I think that aftercare should be better regulated to support us more.' (19 year old male)

The priority outcome areas suggested by young people were in the following order:

- Housing – which is stable, safe and appropriate for young people’s needs.
- Financial stability
- Health and wellbeing
- Employment, Education and training
- Relationships
- Social inclusion and life skills
- Positive activities
- Inclusion (learning disabilities)
- Early parenthood

Positive activities is a luxury, I need to be able to keep a roof over my head and survive I can't think about doing activities and that could be the difference between me having food in for the week or seeing people.’ (19 year old female)

Young people were unsure about how services currently monitor progress. There were some discussions linked to the in-care plans, however young people in the focus groups did not seem to have ownership or full understanding of how these plans were used.

It all starts with discussions, discussions would need to happen with people leaving and those that are leaving need to have ownership of their in-care and aftercare plans.’ (21 year old male)

Participants felt that having certain areas tracked and monitored would be positive for both the services and for young people themselves. They considered that such a monitoring system would mean more ownership could be taken by young people to prioritise areas for improvement in skills, which could be tracked and used to improve their current outcomes.
The views of aftercare workers

Outcome areas

Workers considered that the outcome areas identified in the Social Finance framework mapped well onto the areas within the care leaver aftercare plans being used across Ireland.

Although the general domains were the same, there were differences in both the terminology (which could be specific to national policies and procedures) and the indicators used for monitoring outcomes, which again could be specific to statutory requirements or service structure within countries.

As discussed above, priority outcome areas included independent living skills and accommodation. Both were considered to require increased policy and practice support and attention to improve outcomes for care leavers. Workers also felt that further support was required to improve young people’s access to health and mental health services.

Data collection and monitoring outcomes

Information on young people’s progress and outcomes was currently gathered, however, workers felt that it was likely to vary according to who was collecting it and whether the young person had an aftercare worker or was in contact with a service.

In terms of how outcome data was used, the group considered that individual services would be able to track progress for their own young people. There was a feeling that the most comprehensive data would be on accommodation.

The group also felt that data was most likely to be used at ‘client level’ or ‘service level’ such as monitoring progress for individual young people or a group of service users. Workers felt less certain about the extent that data were fed in to local or national data sets or used to track outcomes for all young people leaving care in Ireland.

Some workers felt that certain outcome areas might be easier to assess than others. For example, hard data on housing such as how many care leavers were in different types of accommodation might be available from services that were supporting young people.

Data on whether the accommodation met the young person’s needs or that gathers their perspectives on the quality of housing or their satisfaction with the accommodation was, however, less likely to be widely available.

Workers commented that services were unlikely to routinely gather information on EET. However, they suggested that some data at local and national level would be available on the numbers accessing education after care via the SUSI data, which recorded the numbers accessing the allowances.

National data gathered on a quarterly basis by Tusla provides some indication of the numbers of young people in care, leaving care at 18 and the numbers accessing aftercare services, allocated an aftercare worker and accessing education.

Going forward, it would be useful to explore whether data available from the statutory needs assessment and the aftercare plans could be utilised to provide greater accuracy, breadth and depth of leaving care outcome information. Data gathered as part of leaving care needs assessments and aftercare plans currently tends to be used for individual monitoring rather than at aggregate level. Utilising this for wider monitoring of outcomes could provide a more effective indication of leaving care experiences, progress and needs to identify where services are operating well and where further resources and attention are required for service improvement.
Chapter 6

Messages for policy and practice

The messages and findings that emerged from the consultation with young people and aftercare workers provides a snapshot of aftercare experiences and support and highlight some of the strengths and the gaps in aftercare preparation and support for young people leaving care in Ireland. These have been discussed in earlier chapters and their implications for policy and practice are outlined below.

These issues and experiences were also collated and fed back to a group of young people that had been involved in the consultation. This provided scope to explore young people’s interpretations of the emerging issues and their perspective on what the implications of the findings were for the improvement of aftercare services and outcomes for future care leavers in Ireland. It also provided an opportunity for them to draw out implications and recommendations for policy and practice professionals, including Tusla, aftercare services, charities and other agencies such as housing, health and benefits providers. A full report of the feedback session can be found under appendix 7.1.

6.1 Concluding messages for policy and practice

The introduction of the Child Care (Amendment) Act 2015 from September 2017 and the National Policy on Aftercare, including its monitoring by the Tusla Aftercare Implementation group, represents an opportunity to strengthen and improve planning for young people leaving care in Ireland. As detailed in Chapter 2, an ‘eligible child’ and ‘eligible adult’ will for the first time have a legal right to an aftercare plan. This timely small-scale consultation identifies key issues from the voices of young people and aftercare workers and suggests key messages for continued improvements in policy and practice.
First, in terms of context, there is robust international research evidence that young people from care who do well in adulthood have:

- experienced stability in care, providing opportunities for attachment, continuity, good health and well-being
- been assisted to do well at school, which is associated with going onto further and higher education, employment and career choice, as well as having new opportunities, friends and leisure activities
- left care later, having had opportunities to ‘stay put’ which is associated with gradual transitions from care
- been well prepared and supported into independent adulthood.

These are the foundations for promoting the resilience and agency of young people in adulthood and the converse are risk factors (Stein, 2012).

Second, a central theme for improving planning is how young people are involved at an individual level in decisions that affect their lives. The involvement of young people is central to every stage: the making of care plans, the needs assessment and aftercare planning process, preparation for leaving care and choice of accommodation, and the process of supporting young people on their main pathways to adulthood – education and careers, accommodation and health and well-being. This consultation identifies general areas that young people wished to ‘keep, bin or change’ in terms of their experiences of care and aftercare, as well as specific recommendations by young people for improving preparation, accommodation and aftercare. Young people wanted more support with preparation, for it to happen sooner and to be more consistent. Young people also wanted to be better informed about their entitlements after care. They also requested the opportunity to exercise greater choice in where they lived after care and in their post-school career pathways, though the influence of wider economic and social factors was recognised. Young people also asked to have their documents in time for leaving and importantly, young people and aftercare workers recommended that all care leavers should be issued with a medical card that was valid for an extended period (e.g. up to 21 years of age) so care leavers can access health care even if they experience frequent housing moves.

Third, young people wanted greater involvement at a policy level. EPIC’s consultations with young people provide positive examples. Their work also includes facilitating meetings of The Advisory Group (TAG) that was set up to advise Tusla. TAG is national group of care leavers aged 18–25 years that was created in 2012 and is led by the Chief Executive Office of Tusla. The core group and three regional advisory groups are supported to engage with Tusla directly on the improvement of the care and aftercare system. They focused on awareness raising of the issues facing young people in care and leaving care (e.g. at national conferences and events) and consulting with Tusla on policy and practice. Examples of their work to date include developing a Charter for Children in Care and advising on issues such as foster care training and social work practice. Approaches used in other countries include Children in Care Councils in every English local authority and the development of Pledges or commitments made to care-experienced young people by local authorities to provide services (Care Leavers Covenant) and the Whocares Care Council in Scotland. Other participation initiatives include the New Belongings
programme, which includes setting up a care leaver forum and conducting annual local surveys of young people’s views of leaving care services as a means of informing local service development, and the LILAC project which involves young people as inspectors and assessors of services.

Fourth, both the workers and young people raised concerns about access to services, including housing, health and well-being. The worker’s group also highlighted the importance of the financial and accommodation support that accompanied participation in further and higher education and how this offered a strong incentive for care leavers to engage. Very importantly, young people following this pathway were able to experience a normative pathway to adulthood. More challenging, issues were raised about inequity of access to support, relating to geographical area, service provision, staff availability, and specific groups of care leavers, including those with additional and more complex needs. Young people in the consultation felt strongly that all care leavers should have access to continued support (whether practical, emotional or financial) to meet their needs after they leave care, regardless of their care placement type or their education, training or employment circumstances.

Finally, the consultation aimed to explore the relevance of the Social Finance outcomes framework within the Irish leaving care context. This was generally welcomed by young people as providing transparency in terms of receiving information about their entitlements and the expectation of service providers and themselves. At an individual level it was welcomed by them as identifying areas for assistance and at policy level as having the potential to address inequity of access to services.

The outcomes framework was seen by the workers as consistent, in terms of the main domains and areas, with the aftercare plans currently being used. Current data collection was used at an individual or service level, and difficulties were envisaged in gathering young people’s responses about services (soft data as distinct from ‘hard’ or quantitative data) and in relation to a wide range of services.

At a contextual level, an outcomes framework can provide a measure of progress from entry to care which as well as quantitative data can include the views of children and young people and those who are helping them on how they are progressing in their education, careers, health and well-being and on their pathways to adulthood. As well as an individual tool, it has the potential to provide aggregate data on the quality of care young people receive – which provides the emotional foundation for doing well in adulthood – and how it can be improved – thus connecting services with progress and outcomes.
The feedback workshop was held in Ireland in February 2018. It aimed to provide a forum for young people to follow up on the findings emerging from the consultation by providing their feedback and suggestions for the improvement of outcomes and how best to achieve this.

Three of the young people who had originally taken part in the consultation focus groups came to give their opinions on the findings. The participants were males aged 20 to 21 from areas 1 and 2. One lived independently, one with birth family and one in supported accommodation.

Findings relating to the outcome areas that young people had identified as priorities, were summarised by the researcher using visual and verbal outlines. The focus group discussed the findings and were asked to consider the following four questions:

1. What would make this outcome area better and work for young people in Ireland?
2. How do we make it happen and who needs to be involved?
3. What is missing and what do young people want from this outcome area?
4. How do we measure the outcome area?

The discussions generated a grounded set of messages from young people for each of the outcome areas. Young people’s discussions were recorded via a note taker at the workshop and by written responses generated from workshop activities. These are presented here:

**Health and wellbeing**

**What would make this outcome area better and work for young people in Ireland?**

- Medical cards for children in care should be continuous until the age of 21, this will ensure that people leaving care at 18 don’t have to re-apply every year or when they change address
- For care leavers medical cards should cover all treatments until the age of 21
How do we make it happen and who needs to be involved?

- Medical cards are automatically issued when you enter care, Tusla and Health could work together to ensure care leavers are fully protected to 21 ‘to relieve the stress’ during an already turbulent time.

What is missing and what do young people want from this outcome?

- Free medication for care leavers
- Full dental support for care leavers
- Mental health support for care leavers

How do we measure the outcome?

- 12-month medicals during young people’s time in care
- Annual health check for care leavers to the age of 21. This could help Tusla and health services to track young people until 21 and identify any support issues that affect care leavers once they have left care.

Relationships

What would make this outcome area better and work for young people in Ireland?

- Support with finding relatives before leaving care
- Support to make sure you are placed near family and friends when you leave care
- Support to address a lack of trust in services when it comes to building relationships with workers
- Support to address understaffed after care teams and aftercare support workers being over stretched, which currently means some young people feel that there is little relationship with aftercare workers

How do we make it happen and who needs to be involved?

- A lot of the aftercare support that young people receive is provided by charities, and there could be better relationship between Tusla and the charities out there so they can work together to make sure young people are fully supported
- More aftercare workers are needed in certain areas, as if you live out of the city then support is limited and so are services, so you can end up on your own and slipping through the nets

What is missing and what do young people want from this outcome?

- Aftercare workers as a first, there is a need for more across the country, this would allow young people to build a relationship with workers and have better support
- Consultation with young people and the charities they are currently getting support from, if agencies got together with young people then they might understand more

How do we measure the outcome?

- The only way to measure support and relationships would be to ask young people and talk to care leavers.
Housing

What would make this outcome area better and work for young people in Ireland?

› More housing is needed but this is not just an issue for care leavers
› Longer tenancies through services as some are only for 18 months
› Young people need to have the tools for living independently
› Information on tenancies and what they include

How do we make it happen and who needs to be involved?

› There needs to be rules around private landlords and the suitability and cost of the accommodation
› Services need to monitor the accommodation they offer as some of the accommodation isn’t safe or secure
› Tusla could work with housing providers to ensure that care leavers have move-on accommodation
› Young people need to know their entitlements from 16 or younger as there is little information on aftercare support until you’re 18

What is missing and what do young people want from this outcome?

› Young people need a full guide on independent living including their entitlements
› Communication with housing providers and landlords to ensure accommodation is suitable
› Funding needs to be allocated to build more accommodation across the country

How do we measure the outcome?

› Aftercare plans with young people
› By less strain on services who are taking in homeless care leavers

Employment, education and training

What would make this outcome area better and work for young people in Ireland?

› More support to be given to young people wanting to engage with training
› Education isn’t always the answer, although the support for young people going into education is fantastic the same support needs to be given to those wanting to undertake work-based training
› Course payments for materials when undertaking traineeships or apprenticeships

How do we make it happen and who needs to be involved?

› Less focus on formal routes when it comes to education
› Financial support for young people in training
› Education training and employment information to be part of the leaving care package

What is missing and what do young people want from this outcome?

› Not a lot of support for young people who want to apply for jobs including filling in application forms, having interview clothing
› Support with references
› Work with young people not in university to identify what support they would like
How do we measure the outcome?

- Young people’s aftercare plans
- If training is supported the same as education, then young people will have improved relationships with their aftercare workers

Social inclusion and life skills

What would make this outcome area better and work for young people in Ireland?

- Young people need to meet their aftercare workers earlier, planning for transition needs to happen from 15
- The age of leaving care should be dependent on young person’s ability
- More skills focus is needed while young people are in care as when you’re in aftercare it’s too late
- Ensure young people have all their documents when they leave care such as medical cards, passports bank accounts and birth certificates

How do we make it happen and who needs to be involved?

- Training for foster carers and residential workers to ensure young people are prepared
- There should be a checklist of documents young people should have
- Young people should be trained in completing their Tax’s
- There needs to be a full agency approach to life skills and social inclusion

What is missing and what do young people want from this outcome?

- Training for staff in supporting young people to leave care
- Communication between services to make sure young people have everything they need
- More staff to make sure young people have the correct support and time with an aftercare worker

How do we measure the outcome?

- Consultation events with young people
- Work based training events
- Preparation training sessions for young people before they leave care

Financial stability

During the feedback discussions the young people in the room did not have much to feedback in regard to benefits and aftercare finance. They mentioned discrepancies across the country depending on young people’s aftercare route. Participants believed that Tusla and benefits agencies work together to ensure young people leaving care have benefits organised and finances in place before they leave care.

Travel costs in the country can be expensive especially for those living in rural areas, young people would like a travel allowance or travel pass to allow them to get to work, meetings and other events.
Positive activities

Participants in the room felt that positive activities were dependant on the individual and their likes. Although they did not feel that positive activities were the responsibility of Tusla they did feel that if other support was taken from charities then this is a role the charities could support in, as members of the feedback session felt that charities they were currently working with were delivering the aftercare support.

An outcomes framework

The workshop group also discussed what might be needed to introduce an outcomes framework.

If Tusla were to introduce the outcomes framework or something similar, young people would need to be tracked, in your opinion:

How could this be done?

› Discussions would need to happen with young people
› Young people need to have ownership of their in care and aftercare plans
› Consultation events need to happen with young people to allow services and Tusla to gather their views

How can this data be used?

› The data can track young people's progression and their difficulties
› Support young people to make sure services are aware of who may be slipping through the net or going missing
› Aftercare workers would know areas which their young people may need support, this could help with referrals

Finally, young people were asked if there were any further comments.

What is missing from the discussions so far?

› Communication with more young people. More young people need to give their opinions on the support needed as the consultation did not speak to young people with additional needs or young parents
› A need for Tusla to become more noticeable to young people and young people in aftercare need to know their rights
› There needs to be a free direct line to Tusla so young people can contact them
7.2 The topic guides

Focus group questions for Young People

1 What does leaving care in Ireland look like for young people at the moment?
   
   a What support is available for young people transitioning from care
      
      i Preparation for leaving
      ii EET support
      iii Accommodation support
      iv Aftercare support
   
   b What are the challenges faced by young people leaving care?
      
      i Preparation for leaving
      ii EET support
      iii Accommodation support
      iv Aftercare support

2 What does a good outcome for care leavers look like?

3 What services are involved in supporting young people in these areas, does it differ for those that live across different areas (rural, city etc.)?

4 How do you think we can track whether good outcomes are happening for young people leaving care?

5 Do you think we need to keep track on care leavers – do you think the Social Finance Outcomes framework will be useful and why?

Group Keep, Bin, Change activity:

Young people under 18 still looked after (n=10)
   
   › Can you write down 2 things you like about planning to leave care?
   › Can you write down 2 things that you would bin about planning to leave care?
   › Can you write down 2 things you would change about planning to leave care?

Young people 18+ at different stages of leaving care (n19)
   
   › Can you write down 2 things you liked about leaving care?
   › Can you write down 2 things that you would bin about leaving care?
   › Can you write down 2 things you would change about leaving care?
Focus group questions for aftercare workers

1. What are some of the key challenges facing the young people you support during the transition from care?

2. What support is available to support young people:
   a. Preparing to leave care
   b. Transitioning from care
   c. Aftercare

3. How do you view current outcomes for care leavers in Ireland?
   E.g. in which life areas do care leavers as a group tend to do well and not so well?

4. How are progress and outcomes for young people leaving care currently assessed and recorded?
   a. What outcomes are assessed and measured
   b. What data is gathered and how
   c. Data at individual, local or national level
   d. Does the Social Finance Outcomes Framework seem useful and relevant to leaving care in Ireland?

7.3 Consent process and information leaflet

Consent was gathered in a variety of ways depending on the young people’s ages. The approach to gaining informed consent was approved by the ethics protocol with Tusla and included:

› An information leaflet given to participants outlining the purpose of the focus groups, what participation would involve for young people, information on anonymity, confidentiality and disclosure and how the data would be used.
› The information leaflet was circulated by Focus Ireland and other services (EPIC, and members of the steering group) to participants who met the criteria for focus group inclusion.
› Young people were given the opportunity to seek further information via email or telephone call with the research team or Focus Ireland.
› Young people aged 18+ were asked for verbal consent to attend the focus group.
› Young people aged 16–17 required permission from their care givers. This consent was sourced via the service leads (e.g. Focus Ireland, EPIC, Crosscare, and Don Bosco Care).
› Those who agreed to participate were supported to attend via their support workers, including payments and arrangements for travel.
› At the start of the focus groups participants were asked by the research team to complete a detailed consent form (see below). Participants were made aware that they had the right to withdraw from the focus groups and remove their contribution at any time during and up until December 2017 when the first draft of the report was complete.
## Consent form

<table>
<thead>
<tr>
<th>I have read and understand the information leaflet about the consultation project and I have a copy to keep.</th>
<th>Please tick if you agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand that I do not have to take part in the focus group if I don’t want to and that I am free to leave the focus group at any time.</td>
<td></td>
</tr>
<tr>
<td>I understand the information I give during the focus group will be anonymous and that my name will never be used in anything written up about the project. This means that no one will know that it was me that said it.</td>
<td></td>
</tr>
<tr>
<td>I understand that anything said during focus group by me or another young person is confidential and should not be discussed with anyone other than the research team.</td>
<td></td>
</tr>
<tr>
<td>I understand that the exception to this is if I say something that makes the researcher concerned that myself or another young person is at risk, and if this happens the researchers will have to tell someone.</td>
<td></td>
</tr>
<tr>
<td>I understand that the project is led by researchers from the University of York and services across Ireland and will be carried out with my safety in mind. Services include; Focus, Crosscare, EPIC, Don Brosco</td>
<td></td>
</tr>
<tr>
<td>I am happy for the discussion to be recorded (this is so that it can be typed up later. No names will be used in the typed document).</td>
<td></td>
</tr>
<tr>
<td>I agree to take part in the research.</td>
<td></td>
</tr>
</tbody>
</table>

Initials…………………………… Age……………

Signature…………………………………………………………

Local Area…………………………………………………………

Researcher name………………………………………………….. Date……………………………..
Your Views on After care in Ireland

Researchers from the University of York are working with Focus Ireland and EPIC on a consultation project to ask young people about their views on leaving care and after care services in Ireland.

We would like to hear from young people who are in care or have left care in Ireland. This is an opportunity to share your views and experiences of what helps and what needs to improve for young people when they are planning to leave care.

We are holding a number of focus group meetings with young people around Ireland. We would like to invite you to take part in one the meetings.

Here are some questions you might want answered before you decide whether you want to help us:

Why is this consultation important?

- The aim of the consultation is to gather the views of young people who have lived within the care system in Ireland.
- It is only by talking to young people who have direct experience of being in care that we can find out what things help and what things need to change so that leaving care can be a positive experience for everyone. Your views can help make a difference to support and services for other young people.

Aftercare support in Ireland is changing and it is important that young people who are or have been in care have a say in what will happen in the future.

The consultation will give young people an opportunity to tell us what things are important to them when leaving care and what kind of support they expect from aftercare services.

Why me?

- You will be invited to a focus group meeting with around 7 other young people in July.
- The meeting will involve a care-experienced researcher from EPIC asking you some questions about aftercare support and about what outcomes across different life areas are most important to young people. This might include finding a house, a job or college course, seeing your friends etc.
- It’s a chance to join in the general discussion and you don’t have to talk about personal things if you don’t want to.

We will be talking to a wide range of young people across Ireland. Some will have already left care and some who are in care and beginning to plan for leaving care.

What happens to the information I give?

- All the information collected will be used by the research team to write a short report for Focus Ireland.
- The report will help to make sure that young people’s views are reflected in the work that they do to improve outcomes and support services for care leavers.

Yes. The discussions will be anonymous and confidential. This means that we will not use your name in anything we write or tell anyone outside of the research team about your personal information.

The only exception to this is if you tell us that you are at risk of harm. We would talk to you first about who should be told about this.

Will anyone else be involved?

Everyone who takes part in the focus group will receive a 50 Euro All For One voucher for taking part.

What if I have more questions?

You can phone or email us and we will answer your questions. Here are our details:

Jade Ward
SPSW, University of York
Heslington, YORK, YO10 5DD
jade.ward@york.ac.uk  Tel: 01904 321270 or 0779 531 5193

Please keep this leaflet for your own information.

Will everything be confidential?

If you are happy to take part in focus group, please let the worker that handed you this leaflet know.

They will help make arrangements for you to travel to the meeting room.

What should you do now?
7.4 References


